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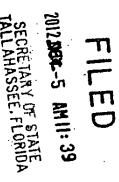
(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
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J. BRYAN
DEC -6 2012
EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: RSC BOCA, LLC	
(Name of	Limited Liability Company)
The enclosed member, managing membe filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
Avi Bittan	7.0 B
(Contact Person)	SEC 12
Royal Senior Care	AHASS
(Firm/Company)	EF. S. A.
1660 NE Miami Gardens Dr. S	RETARY OF STATE AHASSEE, FLORIUS OF STATE OF STA
(Address)	DE S
North Miami Beach FL 33179	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Avi Bittan	at (305) 310-4477
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabase \$25 Filing Fee	ole to the Florida Department of State for: √ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as C BOCA, LLC	it appears on the records of	of the Florida Department	
	ility company was organized FLORIDA	d under the laws of:		
3. The Florida docu <u>L0400018</u>	ument/registration number o 3346	f this limited liability comp	pany is:	
_{4. I,} Avi Bittan		, hereby resign as a MGR		
(Print Name of Person Resigning)		, neroey resign as a _	(Print Title)	
resignation in wr	hy Melt-		y has been notified of my	
Filing Fee:	gning Member, Managing N \$25.00 (Required) \$30.00 (Optional)	Aember or Manager	2012 BBK-5 AM SECRETARY OF STALLAHASSEE, FL	